

EMPLOYEE UNUSUAL OCCURRENCE REPORT

REVISED 7/08

(Check One)

- | | |
|---|---|
| <input type="checkbox"/> Employee Incident | <input type="checkbox"/> Unfit for Duty |
| <input type="checkbox"/> Suspicious Package | <input type="checkbox"/> Booth Robbery |
| <input type="checkbox"/> HOS | <input type="checkbox"/> Other |

Date Reported _____

Employee's Name _____ Pass No. _____ Title _____ Tour _____ Hours _____ RDO _____

Address _____ Date of Appt.: _____ Gender (M/F): _____

Station: _____ Line: _____ Booth _____ Time: _____

Total Amount Missing: _____ Accounts Audited By: _____

Booth Funds Rectified by: _____

Was Booth Door Locked at Time of Robbery? _____ Police Notified: _____ Time: _____

Did Perpetrator Enter Booth? _____ Was Employee Injured? _____ Medical Aid Requested _____

Extent of Injury/Illness (Circle One): _____

Removed to Hospital (Name): _____ Time: _____ Doctor _____

Was police officer present? _____ Name _____ Badge No. _____ Transit Bureau/Precinct No. _____
(Circle One)

Incident Reported By: _____ Pass No. _____

Details of Incident: _____

(Continued on Back)

Emergency Booth Communications Utilized Yes No

Superintendent Notified: _____

Supervisor Assigned: _____ Pass No.: _____ Time: _____

Report to Clinic? _____ Number _____ Date: _____ Time: _____

Employee Held Out of Service? _____ Date: _____ Time: _____

Report to Director, Labor Relations: Date: _____ Time: _____

Report to the Office of Special Investigations & Review: Date: _____ Time: _____

Report Taken By: _____ Title: _____ Pass #: _____ Time: _____

